

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

10/658 218
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	/		/				61		/	/
2			/				62		/	
3			/				63		/	
4			/				54			
5			/				55			
6			/				56			
7			/				57			
8			/				58		/	
9			/				59		/	
10			/				60		/	
11			/				61		/	
12			/				62		/	
13			/				63		/	
14			/				64			
15			/				65			
16			/				66			
17			/				67			
18			/				68			
19			/				69			
20			/				70			
21			/				71			
22			/				72			
23			/				73			
24			/				74			
25			/				75			
26			/				76			
27			/				77			
28			/				78			
29			/				79			
30			/				80			
31			/				81			
32			/				82			
33			/				83			
34			/				84			
35			/				85			
36			/				86			
37			/				87			
38			/				88			
39			/				89			
40			/				90			
41			/				91			
42			/				92			
43			/				93			
44			/				94			
45			/				95			
46			/				96			
47			/				97			
48			/				98			
49			/				99			
50			/				100			
TOTAL IND.							TOTAL IND.			
TOTAL DEP.							TOTAL DEP.			
TOTAL CLAIMS							TOTAL CLAIMS			